

Management Sciences for Health /Health Commodities and Services Management Program (MSH/HCSM) Progress Report: 1st October 2012 - 31st December 2012

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MSH/Health Commodities and Services Management

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About MSH/HCSM

The MSH/HCSM Program strives to build capacity within Kenya to effectively manage all aspects of health commodity management systems, pharmaceutical and laboratory services. MSH/HCSM focuses on improving governance in the pharmaceutical and laboratory sector, strengthening pharmaceutical management systems and financing mechanisms, containing antimicrobial resistance, and enhancing access to and appropriate use of medicines and related supplies.

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Acronyms and Abbreviations

ADR	Adverse Drug Reaction
ADT	ART Dispensing Tool
AMU	Appropriate Medicine Use
AOP	Annual Operational Plan
APHIA	AIDS Population and Health Integrated Assistance (project)
ART	Antiretroviral therapy
ARV	Antiretroviral (drug)
CHAI	Clinton Health Access Initiative
CHS	Center for Health Solutions
CME	Continuous Medical Education
CPD	Continuous professional development
DANIDA	Danish International Development Agency
DASCO	District AIDS and STI Coordinator
DDPC	Department of Disease Prevention and Control
DHMT	District Health Management Team
DHIS	District Health Information System
DLTLD	Division of Leprosy, Tuberculosis and Lung Diseases
DOMC	Division of Malaria Control
DOP	Department of Pharmacy
DOD	Department of Defense
DRH	Division of Reproductive Health
DRHC	District Reproductive Health Coordinator
DTLC	District TB & Leprosy Coordinator
EMMS	Essential Medicines and Medical Supplies
FBO	Faith Based Organization
FP	Family planning
F&Q	Forecasting and Quantification
HCSM	Health Commodities and Services Management (program)
HSCC	Health Sector Coordinating Committee
ICAP	International Centre for AIDS Care and Treatment Programs
ICC	Inter Agency Coordinating Committee
ITT	Inventory Tracking Tool
KEML	Kenya Essential Medicines List
KEMSA	Kenya Medical Supplies Agency
KMTC	Kenya Medical Training College
KNPP	Kenya National Pharmaceutical Policy
LCM	Laboratory Commodity Management
LMIS	Logistics Management Information System
LMU	Logistics Management Unit
MOH	Ministries of Health
MOMS	Ministry of Medical Services
MOPHS	Ministry of Public Health and Sanitation
MSH	Management Sciences for Health

MTC	Medicines and Therapeutics Committee
MTM	Medication Therapy Management
M&E	Monitoring and Evaluation
NAL	Northern Arid Lands
NASCOP	National AIDS & STI Control Program
NEP	North Eastern province
NMTC	National Medicines and Therapeutics Committee
NPHLS	National Public Health Laboratory Services
PHMT	Provincial Health Management Team
PHC	Primary Health Care
PMI	President's Malaria Initiative
PMP	Performance Monitoring Plan
PPB	Pharmacy and Poisons Board
PSC-ICC	Procurement and Supply Chain Interagency Coordinating Committee
PV	Pharmacovigilance
RH	Reproductive Health
RDT	Rapid Diagnostic Test
RTK	Rapid Test Kit
SDP	Service Delivery Point
SOP	Standard Operating Procedure
SPS	Strengthening Pharmaceutical Systems (program)
STG	Standard Treatment Guidelines
SWAp	Sector wide approach
TB	Tuberculosis
TOT	Training of Trainers
TWG	Technical Working Group
USAID	U.S Agency for International Development

EXECUTIVE SUMMARY

The Health Commodities and Services Management (HCSM) program is designed to address gaps in commodity management, pharmaceutical services and policy, and laboratory systems with a goal of strengthening commodity management systems for improved health outcomes and greater impact. In line with the USAID/Kenya mission's implementation framework and the Ministries of Health national health strategic plans, MSH/HCSM program focuses on health systems strengthening in the pharmaceutical and laboratory sectors in three key technical areas:

- Commodity Management support for Ministry of Medical Services (MOMS)/Ministry of Public Health and Sanitation (MOPHS) and Health facilities
- Support to Pharmaceutical Policy and Service Delivery
- Support to Laboratory Governance, Commodity Security, and Service Delivery (implemented in collaboration with CDC-funded Strengthening Public Health Laboratory Systems (SPHLS)program)

This quarter marked the beginning of the HCSM program work plan II for the period 1st October 2012 - 31st September 2013. This follows the initial work plan which covered an 18 month period running from 1st April 2011 to 31st September 2012 during which most of the key activities under the program's three key result areas- commodity management support; strengthening pharmaceutical policy and services; and support to Laboratory supply chain management- were initiated and interventions rolled out both at central and peripheral levels.

The strategy and focus for the program's work plan II is to scale-up interventions rolled out during the first work plan, strengthening and institutionalizing structures and systems for commodity oversight and management at all levels and to build capacity of MoH counterparts laying the foundation for transitioning and takeover of some of the HCSM supported activities and initiatives for sustainability. Therefore as articulated in work plan II, the program will specifically focus on strengthening systems and mechanisms for commodity security and management; support the development of a national integrated commodity logistics management information systems (LMIS) and provide technical assistance for initiatives addressing appropriate use of health commodities, patient safety and product quality assurance.

The achievements of the program during the quarter, categorized under the three key result areas/ strategic objectives are as follows:

Strengthened MOH Commodity Management

To support commodity management and security, the program working collaboratively with key stakeholders at national level including priority health programs (NAS COP, DL TLD, DOMC, DRH), AfyaInfo, CHAI, NPHLS, KEMSA and the MOH HIS division initiated the process of developing a national integrated logistics management system. In addition to engaging a consultant to develop the overall concept paper for the national LMIS through which various stakeholders will be engaged, the program also initiated discussions and advocacy for collaboration and support for the initiative. A number of stakeholder meetings were held during the quarter with the key outcome being consensus reached on a unified approach to information management across all programs and the involvement of the HIS Division in the development of the national LMIS.

Additionally, the program continued to support MOH to take a greater leadership role in supply chain management and commodity security at the central level through a number of activities including:

- Support to the priority programs to hold monthly commodity meetings and to generate monthly national stock status reports. Of greater significance was the support to the programs to automate the generation of these reports and the on-going process to transition this activity wholly to the programs.
- Support to the national TB program and the DRH in various activities in support of forecasting & quantification. This included support for the review of the TB quantification and supply plan and quantification review for FP commodities including the updating of the commodity supply plan for FY 2012/13 and 2013/14.

At the peripheral level, the program continued to collaborate with regional health management teams and other stakeholders such as APHIAplus in supporting the scale-up of coordinating mechanisms for health commodity management and security to ensure that structures and systems for commodity oversight and stewardship are strengthened. By the end of the quarter, six of the seven provinces and 92 priority districts had constituted/formed these committees. Specifically at the provincial level, six of these TWGs either met during the quarter to plan/ review activities and continued to implement priority activities in their action plans. Some of the activities implemented by these TWGs included assessment and supportive supervision of model sites by the central province TWG and commodity redistribution and mopping up of expired by the Malindi, Msambweni and Kwale committees.

At this level, a key focus of the program is capacity building of regional level managers and facility staff for commodity management improvement through the implementation of a district intervention package (job aids, tools, manuals and inventory management tools) for commodity management improvements. Some of the achievements during the quarter included orientation of 35 DHMT members from Mombasa and Homabay counties and 270 health facility staff from 10 priority districts on commodity management. Moreover, to build capacity of health staff in targeted FBO and private sector sites for commodity management improvement, the program adopted a two pronged approach- orientation of staff on inventory management and provision of OJT and mentorship. A key achievement was the collaboration of the program with the Catholic Diocese of Nakuru in training 30 participants from the diocese's 14 facilities on commodity management, appropriate medicine use and pharmacovigilance. This is in line with the program's whole market approach targeting support not only to public sector facilities but also private and FBO sites.

Strengthened Pharmaceutical Policy and Services

During the quarter, the program in collaboration with MOMS, MoPHS and other stakeholders supported various interventions and activities aimed at strengthening governance, systems for delivery of quality pharmaceutical services; and ensuring patient safety and medicine quality assurance (pharmacovigilance).

To strengthen medicine quality assurance and pharmacovigilance, the program supported the following activities:

- Finalizing the design of the Post Marketing Surveillance reports for ART, TB and Malaria in readiness for printing.
- Nation-wide capacity building on Pharmacovigilance specifically for staff from MDR-TB and CCC sites with 257 participants trained through an intensive 3 day program in all regions
- Dissemination of various PV job aids and tools where 855 sets of PV job aids, over 14000 ADR alert cards, 7040 forms for reporting suspected ADR and poor quality medicinal products and 724 PV SOPs were distributed to various facilities across all the provinces.

To support delivery of quality pharmaceutical services and appropriate medicine use at peripheral level, the program continued providing TA to various institutional MTCs. This was done through capacity building of MTCs and follow-up support for implementation of action plans.

- Examples include the on-going support to Mwea Mission Hospital to develop the hospital STGs and to the Kenyatta National Hospital to develop the institution’s formulary manual and list. These are to be finalized, printed and disseminated in the next quarter.

To support operational research for data acquisition to inform decision-making for program planning, implementation and M&E, HCSM provided technical assistance to DOMC in conducting round 5 Quality of Care Survey. Field data collection was completed during the quarter and data analysis is underway. Information collected during this survey is not limited to the malaria program as the tools had been modified to capture additional data for key HCSM performance monitoring indicators for utilization for the program’s M&E.

Findings on the preliminary analysis on performance of these indicators are summarized below.

1. Availability of health commodity

HCSM has rolled out interventions aimed at reducing stock out both at the national and at facility level. The survey assessed availability of selected health commodities during the day of the visit, stock out during the previous 3 months and evidence of expired commodities among the selected health commodities. Some of the finding highlights include the following:

- **Stock out on the day of survey:** 64% of facilities offering all the services for the targeted commodities were not experiencing any stock out for the targeted commodities on the day of assessment.
- **Stock out in the previous 3 months:** 66% of facilities offering all the services for the targeted commodities had not experienced any stock out of all the 4 health commodities assessed in the previous three months, while only 1% of these facilities had experienced stock out of all the 4 targeted commodities at one point or another in the previous three months prior to study.
- **Existence of expiries on the day of survey:** 89% of facilities offering all the services for the targeted commodities had no expired commodities for the four selected commodities while none (0%) of the facilities had some expired commodities for all the four target commodities.

The table below summarizes the findings

Table 1: Availability of Health Commodities

Name of the health commodity	Availability of health commodities during the date of the visit	Stock out of health commodities during the previous 3 months	Existence of expired commodities on the day of the visit
AZT/3TC/NVP 300mg/150mg/200mg FDC tabs	80.0%	9.4%	5.7%
Oxytocin Inj.	83.4%	19.7%	7.6%
Pentavalent vaccine	96.3%	5.7	1.3%
HIV rapid test kits	87.3%	22.4%	2.5%
Combining all FOUR commodities	64.0%	1%	0%

2. Availability of LMIS tools and other tools

The availability of commodity management tools has been improving based on comparison of HCSM baseline survey findings (June 2011), QoC round 4 (July 2012) and QoC round 5 (November 2012). The QoC round 4 results indicated that there has been improvement in availability of LMIS tools for Family Planning (from 87 to 88%) and Malaria (from 71% to 77%). However, availability of TB commodity management tools was found to be below the baseline findings (from 95% to 61%) because the TB LMIS tools were under review. HCSM supported the review and dissemination of TB LMIS tools. Round 5 QoC findings shows that that availability of tools and other documents has improved.

Examples:

- Availability of DAR for FP had remained the same between baseline and QoC round 4; 87% vs. 88% but has improved to 97% in QoC round 5. Similarly availability of FCDRR for FP remained almost the same between baseline and QoC round 4: 81% vs. 80% but has since improved to 95%.
- Availability of DAR for TB had dropped from 95% at baseline to 61% QoC round 4 but in QoC round 5 availability had improved to 92%. Similarly availability of FCDRR for TB had dropped from 78% at baseline to 51% QoC round 4 but it now at 87% in QoC round 5.
- Availability of Standard Order Request Form (SORF)-EMMS has improved from 39% in QoC round 4 to 67% in QoC round 5.
- Availability of pharmaceutical services charter has improved from 15% at baseline to 29% in QoC round 5. Similarly availability of essential medicine list at facility has improved from 16% to 53% in QoC round 5.

Table 2: Availability of Tools and other documents

Availability of Tools and other documents	Baseline n = 119	QoC Round 4 n = 171	QoC Round 5 n = 174
DAR for Family Planning	87%	87.70%	96.7%
DAR for ARVs and OIs	-	-	83.3%
DAR for Tuberculosis	95%	60.80%	92.3%
MoH 642	-	-	52.6%
Antibiotics and Insulin	-	-	68.4%
FCDRR for ARVs and OIs	-	-	74.3%
FCDRR for Family Planning	81%	80.10%	95.3%
FCDRR for Tuberculosis	78%	50.88%	86.7%
MoH 643			66.1%
Standard Order Request Form (SORF)-EMMS	-	38.60%	67.3%
Pharmaceutical service charter	15%	-	28.5%
Essential Medicine List	16%	-	53.5%

A more detailed analysis will be availed in the subsequent reports once the analysis of the QoC round 5 report is completed.

Support for Laboratory Supply chain and commodity security

During the quarter, the program continued implementing interventions aimed at improving laboratory commodity management and security both at central and peripheral level. The key areas addressed were

- Support to capacity building for laboratory commodity management with the finalization of lab commodity management (LCM) materials, which include the LCM and LCM TOT curricula and SOPs. The curriculum was used to train 45 TOTs drawn from all the regions. These TOTs are to subsequently roll out the LCM training in their respective areas with the support of regional HMTs and implementing partners
- Support for lab commodity data/ information generation and review. In this regard, the program supported the pilot testing and adoption of the newly developed tool for automating stock status reports training 2 central lab staff in the process. At the peripheral level, support was provided for the scale-up of the Lab LMIS orientation package through the dissemination of various lab reporting tools. Moreover, the program supported DMLTs and lab in-charges meetings in 8 provinces. These meetings are meant to identify challenges contributing to low reporting rates and strategize on solutions to the identified gaps
- Provision of OJT and Mentorship on lab commodity management and LMIS to selected facilities in the priority districts. During this reporting period, 17 facilities in 4 priority districts - Kamukunji, Kasarani, Isiolo and Garba Tulla were supported

A key activity during the quarter was the countrywide roll-out of malaria Rapid Diagnostic Test (RDT) trainings. Through intensive 1-day trainings conducted in all regions, cumulatively, 2931 health workers were trained by the end of the quarter. The trainings are meant to prepare the health workers nationally to use malaria RDTs that have been procured with grants through the Global Fund and the US Government (through the President's Malaria Initiative).

HCSM ACHIEVEMENTS

1. Strategic objective 1: Strengthened MoH commodity management

This area focuses on commodity management support to improve accountability at peripheral level as well as oversight and planning at central and peripheral levels. Emphasis is on ensuring uninterrupted access to health commodities at health facilities through the various interventions implemented with support from the program.

a) Support to development of national integrated logistics management information system (LMIS)

The development of a functional, national integrated logistics management information system (LMIS) is a key focus area for the HCSM Program during this 2012-2013 work plan period and is a cross-cutting activity across the three HCSM focus areas. HCSM has engaged a consultant to develop the overall concept paper for the national LMIS including recommendation for LMIS under devolved government. The consultant will review relevant documents, data value streams, conduct key informant interviews and sites visits.

Additionally, HCSM has been working with key stakeholders and partners to lay foundation for the support of an integrated LMIS system for all health commodities, which ensures that quality data from the facility level is collected and shared at the other levels in the health system in a timely manner and used for decision-making. The program has been working collaboratively with key stakeholders including the priority Health Programs (NASCO, DLTLD, DOMC, DRH) AfyaInfo, CHAI, NPHLS, KEMSA and Div HIS. A series of meetings have been held which includes;

- Stakeholder Meeting held at Fairview Hotel on 20th October 2012 for Priority Health Program representatives. This resulted in a follow up meeting to introduce them to the Health Commodities Management Platform (HCMP) system on 22nd November 2012 at MSH offices.
- A meeting with AfyaInfo and Division of HIS on 23rd November 2012. The meeting's objective was to develop collaboration structures between HCSM, AfyaInfo and Division of HIS. One of the outcomes was the overall consensus and agreement for the PHP to put together their requirements for purposes of bridging the gap towards submission of data to Div HIS. A TWG will map out the requirements and present a standardised approach to Div HIS to cater for the needs.

The program also worked with the MoPHS/MoMS in evaluating and development of standards for the 3 pilot sites in Nairobi currently running the HCMP, and helped develop further guidelines for the rollout of the HCMP to 7 additional sites in collaboration with CHAI. Some of the activities conducted include;

- Conducted site visits to HCMP pilot sites and development of a tool that will be used to assess progress
- Supported stakeholder meeting during which stakeholders agreed on standards required for expanded scope, basis of evaluation of pilot sites and clear identification of issues, roles and responsibilities. CHAI, Strathmore University, MoMS and MoPHs were represented in this meeting.

b) Commodity security at Peripheral level

In the implementation of the peripheral level activities the program focused on the following areas:-

- Strengthening commodity oversight and stewardship at regional level through scale up and support for existing and new health commodity security committees / commodity technical working groups at provincial and district levels

- Capacity building for commodity management improvement through the implementation of a district intervention package in the initial 50 priority districts and the additional 70 targeted under the programs work plan II
- Strengthening LMIS at peripheral level for improved health commodity usage reporting
- Technical support to facility MTCs to strengthen pharmaceutical service delivery and appropriate medicine use
- Strengthening PV- Patient safety and product quality assurance initiatives at facility level
- Strengthening Lab commodity management, reporting and use of data for decision-making

The program continued supporting the scale up of coordinating mechanisms for health commodity security at regional level in collaboration with regional health management teams to ensure that structures and systems for commodity oversight and stewardship are strengthened. By the end of the quarter six of the seven provinces and 92 priority districts had constituted/ formed these committees. Specifically, at provincial level, six of these TWGs either met during the quarter to plan/ review activities or continued to implement priority activities in their action plans. Some of the activities that the provincial level engaged in include; assessment/ support supervision of model sites by the central province commodity TWG and commodity redistribution and mopping up of expired items, for example, by the Malindi, Msambweni and Kwale committees. Similarly, at district level 26 of these committees either met or carried out activities to improve commodity management in their respective areas.

A key focus area for the program is capacity building of regional level managers and facility staff for commodity management improvements through the implementation of the district intervention package. Some of the achievements include:

- 35 DHMT members from Mombasa & Homa Bay counties and 270 health facility staff from 10 priority districts oriented on commodity management. In addition, the program supported targeted orientation on commodity management focusing on EMMS pull system for 106 nurses, stores personnel and pharmacists from coast provinces following requests for the same from the provincial commodity TWG.
- 117 HCWs from Coast province were oriented on Malaria, TB, FP and Lab LMIS tools with the ART Dispensing Tool also installed in specific sites
- The program conducted facility level OJT and mentorship on commodity management in selected priority districts namely Kamukunji, Kasarani & Langata in Nairobi
- Dissemination of the district intervention package (job aids, tools, manuals and inventory management tools) to 608 facilities in Coast, NAL, Rift Valley and Upper Eastern regions (see table below)
- Supported DHMT/ Commodity TWG to conduct commodity management baseline assessments/ supportive supervision in selected facilities in 11 priority districts

To build the capacity of health staff in targeted FBO and private sector sites for commodity management improvement, the program adopted a two-pronged approach - orientation of staff on inventory management and provision of OJT and mentorship. A total of 41 HCWs from 41 facilities were oriented. This was done through collaboration with the Catholic Diocese of Nakuru in training 30 participants from the diocese's 14 facilities on commodity management, appropriate medicine use and pharmacovigilance. This is in line with the program's whole market approach targeting support not only to public sector facilities but also private and FBO sites.

MSH/HCSM has also been collaborating with the National AIDS & STI Control Program (NASCOP), to scale up use of the ARV Dispensing Tool (ADT) nationwide and provide continued support to the 305 sites running the ADT tool and 36 sites on ITT. ADT was installed in 3 additional sites/ facilities in Coast, Nyanza and Central province.

Moreover, ADT support [troubleshooting, upgraded, OJT & mentorship] was provided to a total of 12 sites in Coast, Nairobi, NAL/Upper Eastern, Nyanza and Western.

Part of the program strategy has been to enhance the level and quality of support through the introduction of a Helpdesk utility, remote access tool and training aid support tools that will greatly aid in incident management at supported sites. The program procured SysAid tool that allows follow-up and remote issue resolution at sites where ADT and ITT are installed. A key unique feature of this innovation is that support issues can be logged by users from any location with internet access or by an individual who receives the request for support. Besides allowing remote issue resolution the tool also allows tracking of aspects such as date of reported issue, problem description, user, facility name and location, problem solution, date of problem resolved, lessons learned etc. HCSM is also working on modalities to mainstream ADT to NASCOP and did an initial presentation of ADT as a background concept to a Technical Working Group for Electronic Medical Records (EMR) in November 2012. A key outcome was a consensus on a need to explore and ensure interoperability between ADT and other EMRs being implemented e.g. OpenMRS I-Tech, IQ Care- Futures group etc.

c) Commodity security at Central level

At the central level, HCSM program has continued to support MoH to take a greater leadership role in supply chain management and commodity security activities. HCSM provided technical assistance during adaptation of the national integrated condom training manual workshop during which a commodity module for condom commodity/inventory management was incorporated. In support to country's stock status monitoring, HCSM supported the priority programs hold monthly commodity committee meetings and to generate the monthly stock status reports. HCSM has been supporting priority programs to automate the 2 pagers as an initial step to fully handing over preparation of the national stock reports to MoH counterparts. During the reporting period the following was achieved;

- Stock status monitoring report generation tool for ARVs was updated by ART TWG to cater for changes in the key regimens tracked and updating of the spreadsheet models used to generate the ARV stock report ("2-pager") charts.
- Automated package for generation of stock status reports (and user guidelines) for FP commodities was developed.
- Completed automation of "2-pager" report for TB commodities and oriented one DLTLTD pharmacist on its use
- Completed the automation of the national stock report for malaria commodities and plans are underway to train relevant staff at the DOMC on the template

In support to forecasting and quantification activities the program also supported two major activities during the reporting period; the review of TB Quantification and supply plan review, compilation of the report is ongoing and quantification review for FP commodities including updating of the FP commodity supply plan (FY 2012/13 and 2013/14).

2. Strategic Objective 2: Strengthened Pharmaceutical Policy and Service Delivery

This strategic objective focuses on interventions aimed at strengthening health systems to deliver quality pharmaceutical services at public, private and faith-based sector at all levels of care with a goal to: strengthen pharmaceutical sector governance, improve pharmaceutical services, strengthen medicines quality assurance and pharmacovigilance (PV) and improve pharmaceutical information acquisition and management. During this quarter, HCSM continued to use a health systems strengthening approach to strengthen pharmaceutical policy implementation and service delivery at the national and peripheral levels.

a) Support to delivery of quality pharmaceutical services and appropriate medicine use at peripheral level

To support delivery of quality pharmaceutical services and appropriate medicine use at peripheral level, the program continued providing technical assistance to various institutional Medicines and therapeutics Committees. This was done through capacity-building of facility staff on MTCs and follow-up support to MTCs in the implementation of their action plans. Specifically HCSM provided Technical Assistance to Mwea Mission Hospital in the development of the hospital Standard Treatment Guidelines and to the Kenyatta National Hospital in the development of the institution's hospital formulary manual and formulary list. These are to be finalized, printed and disseminated in the next quarter.

Additionally HCSM supported other facility level MTCs committees in the review and/or on-going implementation of various action plan activities. These committees represented Nyeri PGH, Embu PGH, Thika Level 5 Hospital, Machakos Level 5 Hospital, Coast PGH, Meru DH, Siaya DH, Rachuonyo DH, Kisii Level 5 Hospital and Nakuru PGH.

At the national level, HCSM supported the Department of Pharmacy to finalize the Pharmaceutical services charter dissemination manuals. These were used to disseminate the Pharmaceutical Standard Operating Procedures (SOPs) and service charters in 7 provinces reaching 183 health care providers. Additionally HCSM supported the University of Nairobi to finalize the course content for 1st semester materials for Masters in Pharmacoepidemiology and Pharmacovigilance course. During the reporting period the program also worked with TB program to develop draft curriculum for MDR TB and review MDR TB treatment guidelines. In support to operations research, the program provided technical assistance to DOMC in conducting quality of care round 5 surveys. Field data collection in 174 randomly selected facilities and data entry has been completed.

b) Support to strengthened medicine quality assurance and pharmacovigilance

In collaboration with the Pharmacy and Poisons Board (PPB), HCSM supported various initiatives to improve patient safety and product quality assurance at national and facility levels.

At the peripheral level, HCSM supported the PPB and other stakeholders to undertake the following:

- Capacity building of healthcare providers on Pharmacovigilance covering 257 HCW from MDR TB and CCC sites through an intensive 3-day program in the 8 provinces in collaboration with DLTL and PTLs. Additionally one day CME was held at Pumwani Maternity Hospital where 50 staff were reached and 60 HCWs sensitized during the Coast HIV care and treatment meeting. Overall, 367 HCWs were trained, oriented or sensitized on PV during the quarter. They all developed action plans for activity implementation.
- Support to dissemination of 855 PV job-aids, 14146 ADR alert cards, 7040 pairs of ADR reporting forms and poor medicinal product reporting forms, and 724 PV SOPs. Additionally 3600 Medicines Information and Pharmacovigilance (MIPV) newsletters were disseminated to the FBO and public sector facilities.

- Support for ADR data acquisition and reporting which was accomplished through supportive supervision visit to 11 ARV sentinel sites including Nyeri PGH, Meru DH, Moi Teaching and Referral Hospital, Bungoma DH, Koibatek DH, St. Camillus Mission Hospital, Vihiga DH and Kisii Level 5 hospital. These sentinel sites have been specifically selected and are supported to boost ARV ADR reporting.

At the national level HCSM continued to support the PPB, priority programs and other stakeholders in data acquisition and management for decision making. Specifically HCSM supported the development and dissemination of the 3rd edition of the Medicine Information Pharmacovigilance (MIPV) Newsletter. The program also supported finalization of the design of Post Market Surveillance Survey Reports for ART, TB and Malaria Programs and the survey reports were presented to Director of Medical Services and Director of Public Health and Sanitation for endorsement. Additionally HCSM supported DLTLD in preparation of an abstract and presentation on Post Market Surveillance in the 2nd Africa TB conference that was held in Zanzibar. Through the support to pharmacovigilance, over 5700 ADR and 270 poor quality medicine reports have been received at PPB, and several regulatory decisions have been made including recall and withdrawal of medicines from the market.

c) Support to strengthen pharmaceutical subsector governance

The program continued to support activities aimed at strengthening governance at the central level to allow for a coordinated and effectively functioning pharmaceutical sector. In the reporting quarter HCSM supported the Department of Pharmacy to review the pharmaceutical Governance Framework in line with devolution. HCSM continued to participate in the MOH-led Health Products and Technologies (HPT) thematic group. In addition HCSM supported the Pharmaceutical Society of Kenya (PSK) to develop operational plan for the implementation of their strategic plan. In the same reporting period, HCSM also printed the Kenya Pharmaceutical Association (KPA) strategic and operational plans. To support policy and legislative reform, HCSM continued to support the Ministries of Health, DOP, PPB and other stakeholders in the review of pharmacy laws.

3. Strategic Objective 3: Support to laboratory governance, commodity security and services

Under this strategic objective HCSM mainly works toward meeting focuses on strengthening the central and peripheral level laboratory systems to increase availability and accountability for commodities. The program continued with interventions aimed at improving laboratory commodity management and supply chain both at the central and peripheral level. Achievements realized during the reporting period include;

- Laboratory Commodity Management (LCM) documents (LCM TOT, LCM, SOPs, Implementation guidelines) finalized and used to train 45 TOTs on Lab commodity Management
- Provided TA in conducting lab LMIS appraisal at central level (Central Data Unit and KEMSA), 5 districts and 10 facilities in Nairobi province. Compilation of the LMIS appraisal report is currently ongoing
- Supported DMLTs and lab in-charges meetings in 8 provinces. These meetings are meant to identify challenges contributing to low reporting rates and propose solutions to the identified gaps. Actions plans and targets are sets which are then reviewed during the next meeting
- Pilot tested and adopted the newly developed automated lab 2 pager tool. Trained 2 central level lab staff on the use of the newly developed automated 2 pager tool
- In support to laboratory commodity management and reporting facility level OJT and mentorship on laboratory commodity management and reporting were conducted where 17 facilities in 4 priority districts- Kamkunji, Kasarani, Isiolo & Garba Tulla were reached.
- Scale-up of the Lab LMIS orientation package through dissemination of various lab reporting tools
- Quarterly DMLT and Lab in-charges consultative meetings in all regions to review performance in terms of lab commodity data reporting and related commodity management issues
- Trained 2931 health workers to supported roll out of RDTs in facilities, achieving a 92% of the national target set as shown the table below

Table 3: Number of health care workers trained in RDTs per region

Cluster Number	Region (s)covered	Number of training sessions	Number of health facilities in region	Number of health workers targeted for training	Actual trained	Percentage achievement on target
1	COAST AND NORTH EASTERN	9	450	371	390	105%
2	NYANZA	12	579	478	395	83%
3	CENTRAL AND NAIROBI	11	523	431	346	80%
4	NORTH RIFT	25	1,223	1,008	969	96%
5	UPPER EASTERN	17	816	673	622	92%
6	WESTERN	6	289	238	209	88%
	TOTALS	80	3,880	3,199	2,931	92%

CHALLENGES DURING THE REPORTING PERIOD AND PRIORITIES FOR NEXT QUARTER

Challenges

During the quarter a number of challenges affected and constrained implementation of planned activities. For example changes and the required restructuring and reorganization occasioned by the new constitution are largely unclear and are currently being worked out. Our counterparts in many instances were preoccupied with trying to figure out the implications and consequences of these changes and hence were unwilling to commit to implement some activities. Moreover, some competing priorities occasioned by the need to prepare for devolution as stipulated by the new constitution at both the central and peripheral levels resulted in the postponement or delay in the implementation of some planned activities. These challenges may still persist in the coming quarter as this will be the electioneering period which may adversely affect activity implementation at all levels.

Priorities for the coming quarter

During the next quarter, a key priority for the program will be the finalization of the LMIS concept paper and generation of consensus among the key stakeholders on a framework for rollout of a national level LMIS. The program envisages to work with all stakeholders to clearly define the scope and map required systems, processes and resources in the implementation of a national integrated LMIS.

The program will focus on close monitoring of the commodity pipelines especially following the electioneering period and the devolution thereafter. The aim is to ensure consistent availability of commodities within the system, despite the changing systems and/or structures.

In addition, the program has identified the following priorities for the next quarter under the various MoH programs:

Reproductive Health/ Family Planning

- Completion of the F&Q review report and convening the RH/FP commodity security committee meeting to disseminate the report and for soliciting/obtaining donor commitments for procurement
- Completion of printing and the dissemination of FP commodity tools
- Transition the compilation/ generation of the RH/FP monthly stock status/ “2-pager” report to DRH
- Support the condom supply chain related activities especially strengthening linkage and collaboration between NASCOP and DRH and commodity tracking at lower levels

Division of Malaria Control/ Malaria Program

- Support for data analysis, report writing and dissemination of the results of the Malaria Round 5 Quality of Care Survey which was conducted during the current quarter
- Formulation of an implementation plan for QA/QC for malaria diagnostics and support for implementation of the same
- Support to improving upstream flow for malaria commodity usage data

Division of Leprosy TB and Lung Diseases (DLTLD)/ TB Program

- Dissemination of the revised TB LMIS tools

- Support for monthly commodity security committee meetings and the compilation/ generation of monthly stock status reports and pipeline monitoring
- Support for the implementation of the e-TB manager including review of pilot results, developing roll-out plan for the web based e-TB manager and training for the same

NASCOP- HIV Program

- Supply chain review/ decentralization including completion of regional proposals and initiation of regional consensus meetings
- Roll-out of LMIS for HIV nutrition commodities
- Commodity security-Development of Decision Support System (DSS) over upgraded ADT and to automate the generation of the ARV 2 pager reports
- F&Q- Identification of surveillance sites and process development

Laboratory Supply Chain

- Dissemination of laboratory commodity tools, job aids to the regions
- Initiate regional trainings for laboratory commodity management, through collaboration with implementing partners
- Harmonize the distribution of HIV Lab commodities as the transition continues from SCMS to KEMSA
- Review of the lab pipeline, especially due to the transition period after the elections
- Finalize the mapping of the HIV lab sites to inform commodity distribution and minimize duplication in distribution

For the program's **strategic objective 2**, which addresses pharmaceutical governance, services and pharmacovigilance, the following are the priorities for the next quarter

- Support for the on-going development of the KHSSP III, pharmacy laws, KNPP implementation plan and the pharmaceutical governance framework
- Initiate the development of a consumer PV reporting system; support for active surveillance (CEM for ARVs) and strengthening risk management and communication of safety data (PV D4D)

At regional level, the priorities for the next quarter include:

- On-going scale-up of support to priority districts from the initial 50 to an additional 70
- Structured and targeted support to selected district stores
- Enhanced support and follow-up for model sites
- Support for commodity management in private and FBO sector sites
- Support to institutional MTCs-Capacity building/ orientation on MTCs and follow-up support for development and implementation of action plans
- Roll-out of LCM training in all regions utilizing TOTs in collaboration with regional HMTs and implementing partners
- Support for one-day sensitization meetings on Lab MIS, tools, SOPs and job aids
- Support for quarterly DMLT feedback/ consultative meetings addressing lab commodity management and reporting

HCSM Program Activity Progress Matrix

AOP Activity Ref.	Indicator Ref	Output	Source	Planned Activities (These include activities that were planned for in the last quarter, and any other new activities)	Activity Status (This column states if activity has been completed, ongoing, Not done)	Reasons for Variance	Action plan (Brief explanation on what will be done about the variance)
Result area 1: STRENGTHENED MOH COMMODITY MANAGEMENT							
Intermediate Result 1: Peripheral healthcare facilities able to account for and manage commodities effectively							
Expected outcomes: Improve reporting rates on commodity usage from major ordering points to central level; Improved record keeping at health facilities; Reduction in proportion of facilities reporting stock outs							
AOP 6: Section 3.1 Malaria Operational Plan FY12	Ensure functional stakeholders forums at provincial and district levels	Functional health commodity security committees at regional and district level.	AOP 6:- Table 3.1 (page 12) Malaria Operational Plan FY12 (pg 40, 41)	1: Scale up coordinating mechanism for health commodity security at regional level in collaboration with regional health management teams a) Jointly with PHMTs/county HMTs and other key stakeholders, support the existing eight (8) regional health commodity security committees and fifty (50) district health commodity security committees	Ongoing Provincial Level <ul style="list-style-type: none"> Four PHCSC [Eastern, Central, Western & Nyanza] facilitated to convene quarterly meetings; Two committees [Coast, Central & NEP] supported in implementing activities in their action plans. Some of the activities conducted by these committees includes; <ul style="list-style-type: none"> Central Province- Assessment/ SS of model sites and planned dissemination of report to all stakeholder next quarter Commodity redistribution and mopping up of expired items by the Malindi, Msambweni and Kwale district DHMTs/ commodity TWGs District Level <ul style="list-style-type: none"> 24 district HCSC supported to hold quarterly meeting/ implement priority activities in their respective action plans as follows;- Central/ Eastern [9], NAL/Upper Eastern-4, Nyanza/ Western [3], Rift Valley [2] & Nairobi [1], Coast [5] 	Nairobi & Rift Valley PHCSC did not meet/ implement any activities in the quarter 26 DHSC/ TWGs did not convene quarterly meetings as planned Rift Valley PHCSC not functional; scale –up of district HCSC to additional 28 priority districts pending	In the coming quarter the program will re-engage the Nairobi and Rift Valley PHMTs to strategize and review functionality and activities of their specific commodity TWGs During the quarter, the program with work with the PHMTs to provide targeted support to DHMTs to reactivate district commodity TWGs which did not meet/ or implement any activities in the last quarter
	Support the DOMC Technical Working Groups; Decentralization to the new county system			b) Support the regional health commodity security committees to constitute an additional 70 district committees within priority districts by September 2013	No new committees formed. Scale –up and support for new committees to be done as from quarter II		

AOP Activity Ref.	Indicator Ref	Output	Source	Planned Activities (These include activities that were planned for in the last quarter, and any other new activities)	Activity Status (This column states if activity has been completed, ongoing, Not done)	Reasons for Variance	Action plan (Brief explanation on what will be done about the variance)
AOP 6:Section 5.1.2 Malaria Operational Plan FY12	LMIS tools reviewed, printed and disseminated LMIS tools revised, printed and distributed to SDPs Strengthened quality and timeliness of data by the various data sources (HMIS, LMIS).	Use of facility-based and LMIS manual and electronic tools scaled up at the districts and SDP level in all regions Facility staff oriented on use of these tools ADT and ITT scaled up	AOP 6 : Table 5.2 (page 75); Table 5.2 (page 71) Malaria Operational Plan FY12 (pg 31, 34)	2: Strengthen peripheral MIS in 8 regions a) Support dissemination of standardized manual and electronic tools. This will include scale up and support of ADT and ITT user sites	Ongoing <ul style="list-style-type: none">• Provided support to finalization of HIV Nutrition LMIS tools in collaboration with NASCOP and NHP, and development of draft rollout plan.• Provided TA to mapping of HIV Nutrition sites among the 3 commodity pipelines (KEMSA, NHP, WFP) and harmonizing with the current reach of ARV sites.<ul style="list-style-type: none">– Mapping results presented to NASCOP's HIV commodity security committee, showing areas of overlap between KEMSA and NHP for one commodity.• Ongoing support to the review of ARV supply chain and expansion of decentralization:-<ul style="list-style-type: none">– A NASCOP-led central level TWG was formed that reviewed the decentralization criteria; analysed regional data and proposed new Central sites for Coast province.– Supported NASCOP-led meeting held in North Rift during which MoH and stakeholders were sensitised on need for ARV supply chain review, and obtained commitment to provide North Rift data in early 2013.• Quantification of tools was done for districts who did not receive enough in the June 2012 distribution and for those who have since run out. Total number of tools to be printed are; 4428 SDP CDRRs; 1075 DARs; 215 district CDRRs). HCSM got cost-share commitment from Tupange (they will print 600 SDP CDRRs, 600 DARs; 50 district CDRRs)• Technical Support was provided to 12 facilities to ensure continuous running operation at the sites – Range of tasks included Data cleanup, ADT tool update, Customization, OJT on the ADT use, System restoration. The following sites were supported: Getrudes Hospital-Muthaiga Nairobi, Tigoni DH Central, Thika DH Central, KNH, Moi Voi DH, LVCT-Tivoli, Kibera Laini Saba H/C, LVCT Hurigam Care clinic, Thika DH, Kiambu DH, Beacon of Hope and Karen H/C.• Provide technical direction on the interoperability of ADT and other EMR in two sites in Nyanza region.• Installed ADT and supported the following sites to start using ADT<ol style="list-style-type: none">1. Kihara SDH-Central2. SoS Buruburu-Nairobi3. SWOP Kariobangi-Nairobi4. Mama Lucy Kibaki-Nairobi5. Mariakani SDH -coast		

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				b) Support to MOMS/MOPHS to implement nationally approved commodity management software platforms in selected sites in 2 regions by September 2013	No activity planned within the quarter		
				c) Provide ongoing OJT and mentorship on commodity MIS to facility staff	No activity planned within the quarter		
				d) Build capacity of regional MOMS/MOPHS counterparts, regional partners and organizations to cascade and support manual and electronic tools by Sept 2013	Ongoing <ul style="list-style-type: none"> 117 HCWs from Coast province orientated on Malaria, TB, FP Lab LMIS tools 		
AOP 6: Sections 4.2.1.3 ; 4.2.4 (page 38) Malaria	Improved drug use and commodity management ensured through quarterly meetings	Improved commodity usage reporting rates and reduced stock-outs at the peripheral level	AOP 6 : Table 4.6 (page 28) Malaria Operational Plan FY12 (pg 40, 41)	3. Build capacity of regional level managers (province/county and district) and facility staff for commodity management improvement a) Build capacity of regional and facility staff on commodity management	Ongoing <ul style="list-style-type: none"> A total of 35 DHMTs/HMTs team from Mombasa county [28] & Homabay [7] orientated on commodity management- 270 HCWs from 10 priority districts Coast [Msambweni, Kilindini, Kinango, Taita & Kaloleni]; NAL [Fafi]; Rift Valley [West/South Pokot, Eldoret East & Nakuru Central] orientated on commodity management Targeted orientation on commodity management focusing on the EMMS pull system conducted for 106 nurses, stores personnel and pharmacists in the coast province 		

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Operational Plan FY12 AOP 6:Sections 4.2.1.3 (page 28)		Improved capacity of regional and facility staff in commodity management and in use of data for decision making		b) Build capacity of commodity security teams and facility staff to monitor stock status and reporting rates for evidence-based decision-making	Ongoing <ul style="list-style-type: none"> OJT & Mentorship on commodity management done in 3 priority districts in Nairobi- Kamkunji, Kasarani & Langata Job aids, LMIS tools and IM accessories [counting trays, wall thermometers, thermohygrometers and calculators] disseminated to 608 facilities in Coast, NAL, Rift Valley, Nairobi & Upper Eastern OJT/Mentorship on inventory management and LMIS done for 2 model sites in NAL/Upper Eastern 		
		Strengthened linkages (including feedback mechanisms) for commodity management improvement.		c) Strengthen inventory management at stores (District and facility)	Ongoing <ul style="list-style-type: none"> OJT provided to 4 district stores- Embu, Isiolo, Meru & Maralal to improve inventory management 		
				d) Facilitate quarterly commodity data review and feedback meetings at province/county/district level.	No activities this quarter due to competing activities at regional level and delay in transitioning the activity from Kenya Pharma to HCSCM		
AOP 6:Section 5.1.2 MoPH S/DCL M Section 3.1 Malari a Operat	Support supervisory field visits conducted 4 integrated supervisory visits to each province done and reports compiled	Integrated health commodities Support Supervision at health facilities conducted by the Regional health teams (PHMTs /county HMTs and DHMTs)	AOP 6 Table 5.2 (page 71) MoPHS/ DCLM proposed AOP7, Section 3.1 Malaria Operational Plan FY12 (pg	4: Support the implementation of the integrated supportive supervision package for commodity management at regional level a) Review, in line with the reorganized MoH structures, and finalize a comprehensive package for integrated supportive supervision for commodity management by April 2013	No activities scheduled for this quarter. Review/ development of the comprehensive package for integrated supportive supervision to be initiated in quarter II		

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ional Plan FY12		Comprehensive package for integrated supportive supervision for commodity management.	39, 41)	b) Mentor regional level managers (province/ county and district) in priority districts to undertake quarterly integrated health commodity support supervision missions	Ongoing <ul style="list-style-type: none"> Support supervision conducted in 11 priority districts- Coast [Msambweni, Kwale & Malindi], Nairobi [Kasarani & Kamkunji], NAL/Upper Eastern [Imenti North & Lagdera], Rift Valley [Narok, Marakwet East & West, Naivasha & Nandi Central]. Model site assessment & support supervision undertaken in 13 facilities by the Eastern province TWG [Maua Methodist Hospital, Meru Level 5, Nkubu District Hospital, Githong'o Health Centre, Runyenjes DH, Chuka DH, Embu PGH, Kiritiri HC, Kokoko Mission Hospital, Makueni DH, Kangundo DH, Kitui DH & Machakos Level 5] 		
Expected outcome 2: Improved availability and use of commodity management tools and national guidelines in targeted private sector and FBO facilities; Improved capacity of FBO and private sector staff in commodity management							
AOP 6:Sections 4.2.1.3 ; 4.2.4 (page 38) Malari a Operat ional Plan FY12	Improved drug use and commodity management ensured through quarterly meetings	Improved commodity usage reporting rates and reduced stock-outs at the peripheral level (targeted FBO and private sector sites)	AOP 6 : Table 4.6 (page 28) Malaria Operat ional Plan FY12 (pg 40, 41)	5: Build capacity of health staff in targeted FBO and private sector sites for commodity management improvement a) Facilitate dissemination of commodity management tools and national guidelines in targeted FBO and private sector sites	Ongoing <ul style="list-style-type: none"> Two consultative meetings held with MEDS to identify areas of synergy in improving commodity management in the Faith Based Sector. It was agreed that MEDS would work with HCSM to disseminate commodity management materials, job aids and other documents in the faith based sector. Following the meeting, MEDS distributed MIPV newsletters to over 500 FBO sites, 380 PV job aids and 398 Access to medicine booklets. Total of 41 HCWs from 41 facilities orientated on inventory management, appropriate medicine Use, PV & LMIS tools [Coast: 11 HCWs from both private & FBO facilities; Rift Valley: 30 participants from 14 FBO facilities orientated in collaboration with the Catholic Diocese of Nakuru] 		
				b) Provide OJT and mentorship on commodity management to targeted FBO and private sector sites	Ongoing <ul style="list-style-type: none"> FBO and Private sector facilities in Nairobi from 4 districts [Makadara, Kasarani, Langata & Kamkunji] and Wamba Mission hospital & 3 other facilities in Isiolo- ACK, AIC & Waso dispensaries provided with OJT/mentorship on commodity management 		

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Intermediate Result 2: Strong and effective MOMS/MOPHS stewardship and technical leadership in supply chain management/commodity security							
Expected outcomes: Strengthened capacity of MOMS/MOPHS and priority health programs for oversight and supervision of supply chain and commodity security at central and peripheral levels and ability to identify and address gaps in health commodity management.							
AOP 6: Section 3.2, Table 3.1, page 12 (Sector Priority interventions in AOP 6)	Strengthen sector stewardship and partnerships with all stakeholders	MoMS / MoPHS supported to operationalize ICCs and technical working groups with a key mandate to formulate and implement commodity security policies	AOP 6, Table 3.1 (page 12) Malaria Operational Plan FY12 (pg 39-41, 32, 34) Table 5.2, page 75 (Disease prevention and control)	6. Provide technical leadership for commodity security and supply chain oversight at national level Sub activities will include: a) Provide Technical leadership and support to regular scheduled meetings for national health commodity-related TWGs and committees	Ongoing HIV care & treatment: <ul style="list-style-type: none">3 monthly Commodity security meetings held.Actively participated in the two ARV procurement GF-related meetings held at NASCOP and at KEMSA during which NASCOP advocated to GF mission team for rapid approval of year 2 work plan so that KEMSA can rapidly undertake procurement of ARVs with low stock status. KEMSA has since received approval from the Ministry of Finance GF office and has initiated procurement and call-down, especially for the paediatric ARVs that were in short supply. TB program <ul style="list-style-type: none">Held one commodity security meetingParticipated in the National semi annual PTLC meeting during which HCSM provided a brief on support to central level and regional level TB commodities security activitiesParticipated in DLTLD Biennial Meeting during HCSM provided brief on revised TB LMIS, tools distribution and PV. FP program <ul style="list-style-type: none">No commodity security meeting during the quarter. Partner/donor updates were given and discussions held during the F&Q review meeting in December 2012. Malaria Program <ul style="list-style-type: none">3 monthly Commodity security meetings held.	1 commodity meeting for TB was postponed due to conflicting activities leading to unavailability of key DLTLD staff	
		Health commodity supply chain audits conducted F&Q and supply planning for EMMS and priority health programs undertaken Monthly Stock status summary reports		b) Support development/review and implementation of standard supply chain audit tool kit (indicators, reporting requirements, Integrated Tracer list and audit protocol)	Ongoing <ul style="list-style-type: none">Proposed Integrated Tracer List was updated to include dental, X-Ray and Rehabilitative Care products in the list. The update list is awaiting official launch	Competing priorities among DRH team	
Section 5.1.2, Table 5.2, page 75 (Disease prevention and control)	Operations of technical working groups (TWG) strengthened (Section 5.1.2, Table 5.2, page 75)	Annual procurement request schedules developed					
Tracking report on the visibility of commodities along the supply chain for avoidable losses and wastages							
Table 5.34, 5.35 (AOP 6)							

AOP Activity Ref.	Indicator Ref	Output	Source	Planned Activities (These include activities that were planned for in the last quarter, and any other new activities)	Activity Status (This column states if activity has been completed, ongoing, Not done)	Reasons for Variance	Action plan (Brief explanation on what will be done about the variance)
output for MoPH S procurement) (page 118) AOP6 Section 5.1.2; Section 3.1; Section 5.2.6 Malari a Operat ional Plan FY12 DDPC AOP7 DRH draft AOP 8 HIS Indicat ors Manua l (final draft)	done bi-annually. Matrix of Program forecasted commodity needs in place (DLTLD); HIV commodity forecasting and quantificatio n done	generated by priority programs	DRH draft AOP 8: Security of commodit ies Indicator HIS156: Percentag e time out of stock for a set of 15 tracer medicines	c) Support MoMS/MoPHS to undertake supply chain audit for health commodities across various levels	No activity planned within the quarter		
		Integrated commodities tracer list finalized and disseminated for implementatio n		d) Support MoMS/MoPHS to undertake routine stock status and pipeline monitoring, and distribution planning, where relevant	Ongoing HIV care & treatment: <ul style="list-style-type: none"> Monthly stock status reports for ARVs generated. Pipeline review meetings held with NASCOP commodity managers (ARVs, condoms) FP Program <ul style="list-style-type: none"> Monthly stock status reports generated (2-pager using the automated package; PPMR) Malaria Program <ul style="list-style-type: none"> Monthly stock status reports were generated for all the three months in the quarter. 		
		Planning for distribution of FP commodities to district stores and SDPs supported Identification of, and capacity building, for MOH-led central level teams on stock status monitoring, forecasting & quantification, supply planning and pipeline monitoring		e) Support MoMS/MoPHS to undertake forecasting & quantification and supply planning	TB Program <ul style="list-style-type: none"> Conducted TB Quantification and supply plan review. Compilation of the report is ongoing FP Program <ul style="list-style-type: none"> F&Q review meeting conducted in December 2012 Updated FP commodity supply plan (FY 2012/13 and 2013/14) generated using Pipeline 		

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AOP 6: Section 5.4.8 Procurement	Ensuring security for commodities and supplies	<p>MoH staff capacitated to undertake quantification and supply planning, stock status and pipeline monitoring</p> <p>MOH staff capacitated on technical leadership and management for supply chain coordination and commodity security</p> <p>Stock status tools and SOPs developed and implemented</p> <p>MoH staff from priority health programs supported to develop and implement commodity re-distribution</p>	AOP 6 (page 118)	7. Support central level capacity building for commodity security monitoring, leadership & management a) Support review and mainstreaming of the district commodity management support package (training manual, checklists facility assessment and related materials) into MOH	No activity planned within the quarter		
				b) Develop, implement and mainstream automated tools for generation of commodity stock status reports with user guidelines	HIV care & treatment: <ul style="list-style-type: none"> Stock status monitoring report generation tool updated by ARV 2-pager TWG to cater for changes in the key regimens tracked and updating of the spreadsheet models used to generate the ARV 2-pager charts. TB program <ul style="list-style-type: none"> Completed automation of 2 pager report and oriented one DLTLD pharmacist on its use FP program <ul style="list-style-type: none"> Automated package for generation of stock status reports (and user guidelines) developed Malaria program <ul style="list-style-type: none"> Completed the automation of the 2 pager report and plans underway to train relevant staff at the DOMC on the system. 		
				c) Support development of quantification, supply planning and pipeline monitoring guidelines and schedule	FP Program <ul style="list-style-type: none"> Provided technical assistance during adaptation of the national integrated condom training manual workshop during which an commodity module for condom commodity/inventory management was incorporated 		
				d) Provide mentorship to 30 national level staff on quantification, supply planning and pipeline monitoring	FP Program <ul style="list-style-type: none"> Provided mentorship to 1 NASCOP program officer on Pipeline for condom tracking Continued mentorship of 3 DRH program officers on Pipeline for FP commodities tracking (during the F&Q review meeting) 		

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				e) Provide TA to MoMS/MoPHS to develop and implement a system for redistribution of health commodities within the regions	No activity planned during the reporting period		Stakeholders meeting to be held in January 2013
				f) Support MoMS/MoPHS in development and adaptation of commodity management data for decision making training package	No activity planned during the reporting period		Review of draft data for decision materials(curriculum and Handbook) with MOH stakeholders planned for march 2013 (Qt2)
				g) Build capacity of MOH staff on technical leadership and management for supply chain coordination and commodity security	No activity planned during the reporting period		Training of senior MoH team on supply chain review/audit planned for Feb 2013 (QT2)
AOP 6: Section 5.1.2 Disease Prevention and control Table 5.2. Ensuri	Logistics Management Information System (LMIS) in place Pharmaceutical management	MOMS/MOPHS supported to develop and implement a harmonized national Logistics Management Information System (LMIS) interventions for commodity	AOP 6 Table 5.2 (page 71) Table 5.16 (page 100) MoMS Strategic Plan 2008-12	8: Support design of national harmonized LMIS a) Support a stakeholders meeting to review the current LMIS sub-systems, identify gaps, propose recommendations, and build consensus on the way forward	Ongoing <ul style="list-style-type: none"> HCSM has engaged a consultant to develop the overall concept paper for the national LMIS including recommendation for LMIS under devolved government. The consultant will review relevant documents, data value streams, conduct key informant interviews and sites visits. 		

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ng security for commodities and supplies. Malari a Operational Plan FY12	strengthening; Achievement of a finalized gap analysis of current surveillance systems including HMIS, IDSR, LMIS and Laboratory Information Management System, with clear recommendations on next steps to upgrade/redesign the systems	data management ADT mainstreamed	Malaria Operational Plan FY12 (pg 31, 34, 45)	b) Support a high level technical working group of key GoK members and other stakeholders to design a national strategy for an integrated national LMIS system, building on the stakeholders meetings.	Ongoing <ul style="list-style-type: none">In response to MoH request for technical assistance in development of an overall concept paper for the national LMIS HCSM HAS undertaken continuous identification, engagement and setup of a collaborative framework for stakeholders representing the spectrum of interested parties including the Priority Health Programs (NAS COP, DLTLD, DOMC, DRH), AfyaInfo, MOH, CHAI, NPHLS, KEMSA and Div HIS. Some of the meetings held so far include<ul style="list-style-type: none">Stakeholders meeting held in NOV 2012Stakeholder alignment meeting held with AfyaInfo and Div HIS held in Nov 2012		
				c) Support MOMS/MoPHS in the development/review and mainstreaming of manual and electronic facility based and LMIS tools and commodity management software platforms for the management of selected commodities by September 2013	Ongoing <ul style="list-style-type: none">The program has been supporting MoMS/MoPHS in the evaluation and development of standards for the facility level commodity management tool HCMP, to ensure optimal standards are being maintained in the deployment and pilot phase. The support provided includes;<ul style="list-style-type: none">Conducted site visits to HCMP pilot sites and development of a tool that will be used to assess progressSupported stakeholder meeting during which stakeholders represented agreed on standards required for expanded scope, basis of evaluation of pilot sites and clear identification of issues, roles and responsibilities. CHAI, Strathmore, MoMS and MoPHs wer represented in this meeting.		
				d) Mainstream ADT into NASCOP and support the interoperability of ADT with other systems including web-based.	Ongoing <ul style="list-style-type: none">MSH/HCSM has been collaborating with NASCOP to scale up use of the ARV Dispensing Tool (ADT) nationwide and provide continued support to the 305 sites running the ADT tool and 36 on ITT sites.		
Intermediate Results 3: Effective coordination and harmonization of GoK and development partners’ activity in the sub-sector by the procurement and supply chain ICC (PSC-ICC)							
Expected Result: Availability of TORs and evidence of functionality of the ICC(s) focusing on pharmaceutical services as well as health products and technologies and related issues.							

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AOP 6: Section 3.1 Section 5.4.5 section 6.2 KHSSP III – Section 7.1 Health Sector Framework	Complete establishment of sector coordination process and ICCs and SWAp secretariat Established sector coordination process and ICCs under the Joint Agency Coordinating Committee and the Health stakeholders Forum.	Availability of TORs and evidence of functionality of the ICC(s) focusing on pharmaceutical services as well as health products and technologies and related issues.	AOP 6:- Table 3.1 (page 12); Table 5.31, (page 116); Section 6.2 (pg 124)	9. Technical support to the national coordinating mechanisms on health commodity management and related services as established in KHSSP III and other strategic MoH documents a) Technical support for development of TORs	Ongoing <ul style="list-style-type: none">HCSM provided input into the report on the independent Joint Assessment of the KHSSP. The Report’s Recommendations are being incorporated into the KHSSP. This has engendered a delay in the finalization of the KHSSP.		
				b) Technical support for regular meetings	No activity conducted during the reporting period		
Result Area 2: Strengthened Pharmaceutical Services							
Intermediate Result 1: Improved delivery of pharmaceutical services							
Expected outcomes: Functional Medicines and Therapeutics Committees at all levels and improved institutional capacity for rational medicine use and pharmaceutical service delivery.							
AOP 6 5.2.6	Pharmacy: Ensuring security for commodities and supplies	Strengthened oversight by the NMTC for clinical governance Functional hospital MTCs in existence in 30 level 4-6 hospitals	MOMS Strategic Plan 2008-2012 pg 36 (Results framework strategic thrust 7)	10. Technical support to the National Medicines & Therapeutics Committee (NMTC) and facility MTCs at all levels across all sectors a) TA to the National Medicines and Therapeutics Committee (NMTC) for leadership and oversight for medicine use and clinical governance.	No activity conducted during the reporting period		

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		across all sectors	AOP 6; KNPP 2010 (3.6.1) Promoting appropriate medicines use:	b) Technical support for the establishment and strengthening of Medicines and Therapeutics committees: <ul style="list-style-type: none"> Targeted interventions in level 4-6 hospitals Development of guidelines on establishment of MTCs or similar structures in level 2 and 3 	Ongoing <ul style="list-style-type: none"> Follow-up support for implementation of MTC action plans provided to 12 facilities in 6 regions as follows; <ul style="list-style-type: none"> Provided on-going support [capacity building and TA for development, implementation and review of action plans] to 5 facilities in Central [Nyeri PGH, Embu PGH, Thika level 5, Machakos level 5 & Mwea Mission hospital], Siaya, Rachuonyo and Kisii level 5 in Nyanza/Western and Nakuru PGH in Rift Valley Supported two MTC meeting for Coast PGH Supported KNH MTC stakeholder meeting for the finalization of the hospital formulary manual and list Oriented Meru DH staff on prescription audits 		
AOP 6 5.3.4 5.3.7 5.2.2 5.2.6	KMTC: Policy formulation and strategic planning Pharmacy and Poisons Board: Capacity strengthening and retooling of management support, and service delivery staff Standards and	Pharmaceutical care and management modules for pre-service level developed CPD material developed and targeted regional CPD sessions to private/community based practitioners undertaken Pharmaceutical	AOP 6 MOMS Strategic Plan 2008-2012 pg 36 (Results framework strategic thrust 7) AOP 06; KNPP 2010 (3.9.3) Pharmaceutical	II. TA for improved training in commodity management and pharmaceutical care a) Support for the on-going curriculum reforms at middle and tertiary level training institutions to incorporate commodity management and pharmaceutical care and related topics	Ongoing <ul style="list-style-type: none"> Provided technical and logistical support to the University of Nairobi in review of to b incorporated pharmacovigilance and Pharmacoepidemiology content for the Msc. Pharmacy course. 		
				b) Technical support to development, revision and dissemination of key health commodity management manuals, SOPs, Job aids and curricula to support quality improvement and service delivery	TB program <ul style="list-style-type: none"> Draft curriculum for MDR TB developed 		

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	Regulatory Services Pharmacy: Capacity strengthening and retooling of management support, and service delivery staff	al services related guidelines, charter, and standard operating procedures finalized and disseminated	Human Resource Utilization	c) Support to Pharmacy and Poisons Board or Pharmacy council in: <ul style="list-style-type: none">Development and implementation of CPD framework and policiesDevelopment and implementation of standards and guidelines for pharmacy training in the country for all cadres	No activity conducted during the reporting period		
PMI Kenya Malari a Operat ional Plan FY10		Rational use and availability of key anti-malarials and ARVs determined; Overall management of HIV and malaria plus quality care improved	Malaria M&E plan (page 56) PMI Kenya Malaria Operation al Plan FY10 (Table 2, FY2010 Planned Obligation s Kenya, pg48) MOMS Strategic Plan 2008-2012 pg	12. <i>Support for operational research including quality of care and medicine use surveys</i> a) TA to priority health programs [NASCO P, & DOMC] to conduct quality of care surveys and for use of information for evidence-based decision-making	Ongoing <ul style="list-style-type: none">Quality of care survey conducted: Field data collection in 174 randomly selected facilities completed, data Entry completed and analysis underway.		
				b) Supporting the NMTC and facility MTCs to conduct medicine use surveys at all levels to identify problems in service delivery and design and test innovative interventions	No activity conducted during the reporting period		
Intermediate Result 2: Strengthened medicines quality assurance and pharmacovigilance							
Expected outcomes: Improved capacity of health care workers to identify and report SADR s and PQMPs; Improved reporting of SADR s & PQMPs and improved awareness by health care workers and the public on medicine safety							

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AOP 6 5.3.7	Pharmacy and Poisons Board: Resource mobilization and partner coordination	PPB, Program and facility staff equipped in pharmacovigilance data management and use; including pharmacovigilance information sharing, feedback and communication for decision making Pharmacovigilance reporting guidelines and tools printed and disseminated to facilities and E-system implemented to boost reporting	AOP 6 MOMS Strategic Plan 2008-2012 pg 36 (Results framework strategic thrust 7)	13. Support to Pharmacovigilance (PV) data acquisition, management and use for decision making a) Support for sensitization of health care providers on PV; provision of guidelines and reporting tools.	Ongoing as follows; – ADR Sentinel sites: <ul style="list-style-type: none"> Assisted NASCOP to develop support package for ADR sentinel surveillance site visits. Support supervision undertaken with NASCOP to 11 of 12 of ADR sentinel sites during which each facility was provided with current ART Treatment guidelines, decentralization guidelines, Pharmacovigilance reporting tools and job aids. In addition, facility based CMEs on Tenofovir toxicity were conducted. 114 MoH staff from 5 sites sensitized on PV. The 5 sites were Meru DH, Machakos DH, Koibatek/Eldama Ravine DH, Kisii DH and Vihiga DH. Materials included PV job aids, reporting tools, among others. – PV for TB sites: <ul style="list-style-type: none"> Disseminated PV newsletters to over 130 MDR treatment sites Provided brief on reporting of ADRs to all DTLCs and PTLCs during Biennial TB program meeting Sensitized 324 MDR-TB and HIV clinic staff (Nairobi, Eastern North, Rift Valley South, Nyanza North and Western) on Pharmacovigilance. More than 135 facilities represented were provided with pharmacovigilance guidelines, reporting tools, job aids and newsletters. – Others: <ul style="list-style-type: none"> Disseminated National Pharmacovigilance curriculum and materials to 11 AIDSRelief staff and 70 staff working in sites supported by CHS. 50 Pumwani Hospital staff trained on PV during a staff CME Sensitization of 60 staff on PV during the Coast HIV Care and Treatment stakeholders meeting 		
				b) TA for PV data analysis at national and facility levels	No activity conducted during the reporting period		

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				c) Support to courier system for PV data acquisition	Ongoing <ul style="list-style-type: none"> The program Continued providing resources for the courier services to facilitate transmission of reports from facility levels to the national pharmacovigilance centre. 		
				d) Support for targeted facility based PV activities e.g. active sentinel surveillance	Ongoing <ul style="list-style-type: none"> ARV ADR sentinel site visits conducted. 11 sentinel sites visited including Nyeri PGH, Meru DH, Machakos DH, MTRH, Bungoma DH, Koibatek, St. Carmillus Mission Hospital, Vihiga & Kisii level 5 		
				14. Technical and operational support to PPB for Post Marketing Surveillance surveys/activities in collaboration with PPB, NASCOP, DOMC, DLTL, other programs and stakeholders	Completed <ul style="list-style-type: none"> Finalized design of Post Market Surveillance Survey Reports for ART, TB and Malaria Programs and the survey findings and reports to Director of Medical Services and Director of Public Health and Sanitation for endorsement Ongoing <ul style="list-style-type: none"> Initiated discussions with NASCOP on the integrated PMS survey during which it was agreed that NASCOP will hold discussions with the Head of DDPC to establish whether funds are available and request for resource mobilization to be initiated. 		
				15. Support to targeted patient safety initiatives such as: a) Dissemination of patient safety information (e.g. Newsletters, e-shot, mass-media, campaigns)	Completed <ul style="list-style-type: none"> Finalized Medicines Information and Pharmacovigilance Newsletter Ongoing <ul style="list-style-type: none"> Disseminated 3000 newsletters to the Faith Based sector facilities through MEDS and public sector facilities through KEMSA. Disseminated 20,000 patient information leaflets to ART Sentinel Surveillance Sites. More than 600 copies of the MIPV newsletter were disseminated to DTLCs and healthcare providers working in MDR-TB treatment sites. 		
				b) Support for consumer reporting	Ongoing <ul style="list-style-type: none"> Draft concept paper on consumer reporting developed. 		
				c) TA for establishment of a medication error reporting system	No activity planned during the reporting period		
Intermediate Result 3: Strengthened Pharmaceutical sub-sector governance							
Expected outcomes: Key health sector policy and legal frameworks finalized; clinical governance strengthened							

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AOP 6 5.1.2; 5.2.65; 5.37 5.4.3	Disease prevention and control Pharmacy: Ensuring security for commodities and supplies: Technical Planning and monitoring Pharmacy and Poisons Board: Policy formulation and strategic planning Capacity strengthening and retooling of management support, and service delivery staff	Availability of an approved KNPP and implementation plan Standard treatment guidelines and KEML reviewed /disseminated nationwide • Availability of AOPs for KPA and PSK	MOMS Strategic Plan 2008-2012 pg 36 (Results framework strategic thrust 7) AOP 6; KNPP 2010(3.6.1) Promoting appropriate medicines use:	16. Strengthen health and Pharmaceutical policy and regulatory frameworks a) Ongoing technical support to the medical and health products thematic group	Not done	Meetings of the Health Products and Technologies Thematic Group suspended until the finalization of the KHSSP.	
				b) Support the finalization of the Health policy, KHSSP III, health laws and the pharmaceutical laws	Ongoing • Two Drafts Pharmacy Bills – Pharmacy Practice Bill and Kenya Food & Drugs Administration Bill reviewed preparation for presentation to Senior Management Meetings of the two Ministries.		
				c) Support to KNPP implementation and finalization of pharmaceutical governance framework	Ongoing • One of a series of Workshops to finalize the pharmaceutical governance structures was held in Elmentaita. 22 senior pharmaceutical personnel from both Ministries [HQ and regional level] attended and completed Draft 1 of the Governance Structure. This is waiting adoption by the DOP.		
				d) Building governance capacity of PPB and NQCL and professional associations e.g. through AOPs and Strategic plan development	Ongoing • Participated in the development of a Master Matrix for partner support to the regulatory bodies. The matrix will inform coordination activities and synergies building to strengthen the functioning of regulatory bodies in health (PPB) under the auspices of the Joint Regulatory Collaborative (JRC) and the Joint Partners Initiative.		
				e) Technical support to DOP, SAGAs, peripheral and priority health programs to establish and institutionalize regular joint biannual planning and review meetings for pharmaceuticals services	No activities planned for this Quarter.		

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				17. Technical Support to Clinical Governance a) Support the development/ review and dissemination of general, program specific and other treatment guidelines Appropriate, tools and training materials	Ongoing <ul style="list-style-type: none"> Review of MDR TB treatment guidelines Disseminated Volume II of the standard clinical guidelines to 16 facilities in Western Province Disseminated the Pharmaceutical Services Charter, handbook and SOPs to 89 staff (22 in Western, 34 in Central, 33 in Eastern Provinces) Disseminated ART decentralization guidelines and handbooks to 10 ART sentinel surveillance sites. Disseminated the Pharmaceutical Services Charter, handbook and SOPs to 94 staff (32 in Coast, 31 in Nyanza, 31 in Rift Valley) 		
				b) Review and adapt the existing ART mentorship and decentralization guidelines for use across all programs and all health commodities			
Intermediate Result 4: Improved Pharmaceutical Information Acquisition and Management							
Expected outcomes: National MIS that incorporates all health commodities and related services developed							
		Situational analysis report on existing health commodity and patient management information systems available		18. TA for development of a national Pharmaceutical Information System (PMIS) that incorporates health commodities and related services a) Review of existing PMIS and tools at all levels and identify appropriate PMIS indicators	No activity planned within the quarter		
		Comprehensive PMIS framework developed		b) Organize a stakeholder meeting to share situational analysis findings and reach consensus on recommended PMIS indicators	No activity planned within the quarter		
				c) Define a framework for implementation of a sustainable MIS	No activity planned within the quarter		
Result area 3: SUPPORT TO LABORATORY GOVERNANCE, COMMODITY SECURITY, AND SERVICE DELIVERY							

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Intermediate Result: An efficient and effective laboratory supply chain							
AOP 6 NHSSP II Obj 4 (Pg 6)	Priority intervention: Strengthen the management and availability of commodities and supplies	Improved capacity for laboratory commodity management at regional level.	DDPC draft AOP 7 Sec 2: Security for Public Health Commodities	19. Building capacity of regional level laboratory managers (province, county and district) and facility laboratory on commodity management			
		Reduced stock out of lab commodities at the regional level		a) Build capacity of 80 central and regional level lab TOTs on lab commodity management to cascade the laboratory management training to laboratory staff at peripheral level	Ongoing <ul style="list-style-type: none"> LCM documents (LCM TOT, LCM, SOPs, Implementation guidelines) finalized and used to trained 45 TOT on Lab commodity Management 		
		Improved laboratory commodity reporting rates for HIV test kits from 50% to 70% and Malaria RDT from 0% to 45%		b) Support the TOTs to cascade lab commodity management training to peripheral level targeting 3 trainings per region	No activity planned during the reporting period		
		Improved facility lab inventory management		c) Support review of TB lab commodity management SOPs and job aids and disseminate SOPs for lab inventory management	No activity planned during the reporting period		
				d) Scale up lab LMIS orientation package (tools, training materials, SOPs and job aid) in collaboration with regional health managers and implementing partners.	Ongoing <ul style="list-style-type: none"> Dissemination of Lab LMIS tools [Coast-6 districts, NAL/Upper Eastern- Sites in 3 districts-Fafi, Isiolo & Turkana. 		

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				e) Support implementation of good lab inventory management to enhance accountability of lab commodities at the facilities	Ongoing <ul style="list-style-type: none"> Trained 5 staff in Bomu Hospital on commodity management Provided TA to Bomu hospital lab in strengthening their inventory management systems and reporting by conducting 2 day OJT on good lab inventory management Provided OJT and Mentorship on Lab commodity management to 14 facilities in 4 districts- Six facilities in Kamkunji and Kasarani in Nairobi; 11 facilities in Isiolo & Garba Tulla in NAL/Upper Eastern 		
				f) Support supportive supervision and mentorship on lab inventory management and data quality at the facilities	No activity planned during the reporting period		
AOP 6 Sec 5.1.2 (Pg 71)	Table 5.2, Ensure security of Commodities and Supplies	Improved laboratory commodity reporting rates at regional and Health facility level National laboratory MIS developed	Regional draft AOP 7 (Proportion of health facilities that submit complete, timely and accurate reports to national level.)	20. Strengthen Laboratory Management Information Systems to improve commodity usage reporting and decision making a) Review of national laboratory commodity and information flow systems	Completed <ul style="list-style-type: none"> Provided TA in conducting lab LMIS appraisal at central level (CDU and KEMSA), 5 districts and 10 facilities in Nairobi province. Ongoing <ul style="list-style-type: none"> Compilation of the LMIS appraisal report is currently ongoing 		
				b) Develop a laboratory LMIS strategy	No activity planned during the reporting period		
				c) Facilitate dissemination of standard national LMIS and facility based manual and electronic tools	No activity planned during the reporting period		
				d) Scaling up of lab ITT form the current 6 to 20 sites by Sept 2013	Ongoing <ul style="list-style-type: none"> Provide ITT to Bomu Hospital to manage laboratory commodities 		
				e) Support lab commodity management and accountability at the facilities	No activity planned during the reporting period		

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				f) Build capacity of commodity security teams and facility staff to monitor stock status and reporting rates for evidence-based decision-making	Ongoing <ul style="list-style-type: none"> Supported DMLTs and lab in-charges meetings in 8 provinces. These meetings are meant to identify challenges contributing to low reporting rates and propose solutions to the identified gaps. Actions plans and targets are sets which are then reviewed during the next meeting 		
				g) Facilitate quarterly commodity data review and feedback meetings	No activity planned during the reporting period		
				h) Mapping of TB Lab diagnostic sites to support TB lab commodity usage and reporting	No activity planned during the reporting period		
AOP 6 5.1.2 (Pg 71)	Table 5.2, Ensure security of Commodities and Supplies	Improved access to and coverage of malaria diagnosis at the facilities Integrated health commodities Support Supervision at health facilities conducted by the PHMTs and DHMTs	Proposed FY 2012 PMI Activities Implementation support for RDT rollout	2I. Support DOMC in malaria rapid diagnostic test (m RDT) roll out to the facilities a) Building capacity of lab TOTs on use of RDTs and support regional roll out to reach all frontline health workers	Completed <ul style="list-style-type: none"> Support to the Roll out of RDTs in facilities by training 2931 health workers countrywide. 		
				b) Mentor the TOTs to undertake supportive supervision and provide OJT on use of malaria RDT and other lab commodities	No activity planned during the reporting period		
				c) Support for the implementation of the QA/QC system for RDTs at facility level	No activity planned during the reporting period		
				d) Providing support for upstream data flow on RDT use to aid in decision making	Ongoing <ul style="list-style-type: none"> 4,000 amended daily activity registers with RDTs component disseminated to health workers during the RDTs training. Health workers were specifically trained on how to fill in these tools. 		

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MOMS Strategic Plan 2005 – 2012 Sec 6.2.7 Table 6.7: (page 38) AOP 6 Sec 5.2.6 (Pg 97) AOP 6 Sec 5.1.2, Performance monitoring and evaluation	Ensure reliable access to quality, safe and affordable essential medicines and medical supplies. No. of laboratory personnel updated on laboratory skills	Improved coordination of laboratory commodity management activities at national and regional level;	NPHLS AOP7 Policy formulation, implementation and evaluation; Monitor availability of test kits in the country through targeted supportive supervision (Page 5) NPHLS draft AOP 7: Train lab personnel on data management	22. Improve leadership, stewardship and coordination of laboratory commodity management activities at national level. Interventions will include supporting the central level lab commodity committee to; a) Conduct annual quantification and supply planning for HIV, TB and malaria.	No activity planned during the reporting period		
		Integrated health commodities Support Supervision at health facilities conducted by the PHMTs and DHMTs		b) Develop F& Q data collection template to support national quantification of non-program lab commodities	No activity planned during the reporting period		
		Improved laboratory commodities selection during procurements at the central, regional and facility level		c) Undertake at least two lab supply chain audits	No activity planned during the reporting period		
				d) Undertake routine monthly pipeline and stock status monitoring for malaria, HIV and TB programs	Ongoing <ul style="list-style-type: none"> Pilot tested and adopted the newly developed automated lab 2 pager tool Trained 2 central level lab staff on the use of the newly developed automated 2 pager tool Monthly stock status for October and November for HIV lab commodities were generated 		
				e) Mainstream lab into priority health program commodity security committees for TB,HIV and Malaria for better management of lab commodities at national level	Ongoing <ul style="list-style-type: none"> A meeting has been held with the Chief Medical Laboratory Technologies (CMLT) during which formation of National Laboratory Commodity Security Committee was proposed. Potential member for this committee were floated and draft TORs developed. 		

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				f) Finalize and disseminate the essential laboratory commodities essential list for use in guiding selection and procurement activities, audits and supportive supervision	Not done	Awaiting launch of the integrated tracer list	